

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

79.102

00 AUG 14 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000084835

1. Corporation Name

TRADE ADVICE, INC.

Principal Place of Business

2025 BRICKELL AVENUE  
SUITE 1606  
MIAMI FL 33129

Mailing Address

2025 BRICKELL AVENUE  
SUITE 1606  
MIAMI FL 33129

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/02/1998

5. FEI Number

65-0871381

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	FERNANDEZ, ISABEL	2025 BRICKELL AVENUE	MIAMI FL 33129
VD	JIMENEZ, MARISOL	2025 BRICKELL AVENUE	MIAMI FL 33129

8. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Isabel Fernandez  
Street Address (P.O. Box Number is Not Acceptable)  
2025 Brickell Ave #1606  
Suite, Apt. #, Etc.  
1606  
City miami  
State FL Zip Code 33129

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

5-10-99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Isabel Fernandez

Date

Daytime Phone #

305-860-1165

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2025 Brickell Avenue  
Suite 1606  
Miami, Florida 33129

## Trade Advice, Inc

August 9, 2000

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

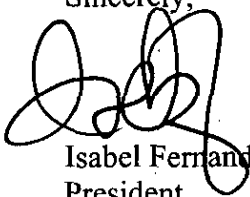
RE: Document# P98000084835

Dear Ms. Milligan:

Per our conversation on August 9, 2000. Enclosed herewith please find a copy of last years filling together with a letter, I send in April with my check for this year's filing. Apparently, you never received the corrected application from last year. Therefore the Corporation is Inactive. Please reinstate my Corporation as soon as possible.

If you have any questions please call me at 305-374-1745 ext. 7585

Sincerely,



Isabel Fernandez  
President

